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ORIGINAL DEPARTMENT.

LECTURE.

A COMPOUND FRACTURE OF THE LEFT LEG, COMPLICATED WITH A FRACTURE OF THE BASE OF THE RIGHT RADIUS AND A LACERATION OF THE URETHRA.

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(Reported for the MEDICAL AND SURGICAL REPORTER.)

GENTLEMEN:—This patient has been injured by a falling bank of earth. His name is Mike Carey; he is forty-six years of age; he was born in Ireland; he is married; he is a laborer, and has just been brought to the hospital by the ambulance surgeon, to-day being the 25th of Feb., 1879. Let us gently and briefly examine this severely injured man.

First. You will observe that the left leg is injured about three inches above the ankle joint. There is deformity and a wound on the inner aspect of the leg. The deformity is due to a fracture of both bones; the upper ends of the lower fragments are displaced forward, and somewhat outward; the lower ends of the upper fragments are displaced backward, and somewhat inward; there is lateral displacement of the fragments, of about one inch; there is some anterior angular displacement; there is no perceptible rotary displacement, and the longitudinal displacement is very slight, because the fracture is nearly transverse. There is not much swelling, because the wound has permitted the escape of the extravasated fluids; in fact, the opening communicates indirectly with the ends of the fragments, so that there is a compound fracture. Let me direct your attention to the following points, namely:—

1. A small wound, in a case of compound fracture, may often be "closed up" in a few days, by putting over it some cotton wool. The cotton and the effused blood combine to make an impervious layer, which adheres closely to the integument around the wound. This layer should not be disturbed till the repair is complete, or till suppuration occurs, when the fracture will continue compound. Whenever it is possible, it is very desirable to convert, in this manner, a compound into a simple fracture.

2. Please to observe that I now flex the leg on the thigh, that I flex the foot on the leg, that I adduct the foot on the astragalus, that I make extension as my assistant makes counter-extension, and that the fragments are reduced easily and without pain. Splints of binder's board, that have been previously moulded and are well padded with cotton, are now applied to the leg and foot, and retained in place by a roller bandage. In this connection let me add a fact of importance: Elevate, or what is the same thing, extend the foot on the leg, so that the axis of the foot will make a little more than a right angle with the axis of the leg, for I have found this expedient useful in overcoming the tendency to anterior angular displacement. To flex the foot on the leg, so that its axis will more and more coincide with the axis of the leg, in my experience, has often contributed to the increase of the anterior angular displacement of the fragments of a broken leg. Also, let me note: The adduction of the foot on the leg will not be objectionable, for it will approximate the attachments of the gastrocnemius, soleus, anterior tibial and posterior tibial muscles. Hence one advantage of the paper boot in the treatment of fractures of the

leg, that it generally permits the adduction of the foot.

Second. Again, you will observe that the right forearm is injured about the wrist joint. In fact, the base of the radius is broken. Now, I have denominated all that part of the distal end of the radius which is more or less composed of cancellous tissues as the base of the radius. The average length of the base of the radius is about one and a quarter inches. There is more cancellous tissue on the posterior and external parts of the base of the radius than on the anterior and internal parts. It is through this cancellous tissue that the base of the radius is apt to be broken. The line of fracture may be transverse or oblique, from before, backward and upward. It is more generally transverse. In the present case the line of fracture is somewhat transverse, but, perhaps, a little dentate. The length of the distal fragment, as nearly as I can measure it, is about half an inch. This is not far from the average length of the distal fragment when the base of the radius is broken. I found the average length of this fragment, in eight cases of post-mortem examinations made by others, after recent fractures, to be $\frac{55}{100}$ of an inch. In the next place, let me carefully note the displacements of the fragments in this case before us:—

1. There is a bodily displacement of the distal fragment backward, to a distance of nearly its own thickness, when compared with the distal end of the proximal fragment. This is quite a marked lateral displacement backward.

2. There is also a slight outward lateral displacement of the distal fragment, say about one-eighth of an inch, when the distal end of the ulna is taken into account, for the transverse diameter of the injured wrist is about one-eighth of an inch greater than that of the uninjured wrist.

3. The distal end of the proximal fragment has a forward and inward displacement; it is flexed and pronated.

4. The distal fragment has a small inward angular displacement, the hand thereby falling somewhat outward.

5. The proximal fragment has a forward and inward angular displacement, more marked than the angular displacement of the distal fragment.

6. The distal fragment has a moderate backward rotary displacement.

7. The proximal fragment has a forward rotary displacement of considerable extent.

8. The longitudinal displacement of the radius is not very great, and appears to be due to the comminution of the ends of the fragments.

The question that arises is, How was the base of this radius broken? You know about the classical statement, that a blow on the palm of the hand, or on the anterior aspect of the wrist, will fracture the radius near the wrist joint. But this fracture was not caused in the classical way. Of this there is no evidence; but there is strong evidence in another direction. See, if you please, this considerable contusion over the posterior and outer surface of the carpus and the base of the radius. Did not this man raise his right hand to protect himself against the falling bank of earth, which severely injured another man, and crushed still another man to death? It is quite certain that he did. And then the force of the fall of the earth was transmitted obliquely through the osseous system, according to mechanical laws, and his left leg was thereby broken, as we have already seen and described. The base of the right radius was, therefore, broken by a blow, for it amounts to that, upon the dorsum of the corpus and base of the radius. The distal fragment was then displaced backward and outward by the supinator longus, the two radial extensors, and the extensors of the thumb. The proximal fragment was flexed by the pronator radii teres and the biceps brachii, and pronated by the two pronators, radii and quadratus.

And now, what shall we do with this injured forearm and broken radius? Give attention to the following points, namely:—

1. I have here a Palmer splint for the hand, the forearm, and the condyloid end of the arm; at the elbow it has a right angle, and an angle of about 140°; it is a double angled splint. Here is a dorsal splint for the hand and the forearm.

2. One assistant, who is instructed in the part he is to perform, takes hold of the hand of the patient, and makes careful and firm extension, as nearly in the axis of the normal forearm as possible; this tends to pull the distal fragment where it ought to be. Another assistant takes hold of the condyloid end of the arm, the forearm being flexed on the arm to a right angle, and makes counter-extension.

3. I now put the fingers of my left hand on the front and inside of the proximal fragment, having the thumb of the same hand on the dorsum of the ulna. Then I put the fingers of my right hand on the anterior aspect of the distal end of the ulna, having the thumb of the same hand on the dorsum of the distal fragment. The fragments of the base of the radius are now under control.

4. The extension and counter-extension will

overcome the longitudinal displacement, and liberate the ends of the fragments, so that, with my thumbs and fingers, I can push them, as far as possible, back to a position somewhat resembling the normal relation.

5. I lay great stress on this method of reduction, moulding, and coaptation of the fragments of broken bone, especially the base of the radius. It has enabled me, in the majority of cases, to obtain good results. It is a most valuable expedient. The fragments, as you see in this case, are quite readily reduced. Sometimes, when there is great impaction, you will find it impossible to make complete reduction of the fragments.

6. The limb is now gently laid upon the Palmer splint, a dorsal splint is applied to the hand and forearm, and the splints lightly retained in place by means of a bandage. The contusion on the back of the wrist will not bear much pressure.

7. In a day or two I will remove the dorsal splint, and make passive motion of the joints and the tendons, which can be done in such a manner as not to interfere with the condition of the fracture. Passive motion may be continued at frequent intervals, so as not to interfere with the process of repair.

8. In this case it will be competent for us to predict more or less deformity, and more or less loss of function, after the treatment.

9. A point of importance you may have your attention called to is, that the tendons of the extensors of the thumb are so closely connected with the distal fragment as to impair their function during the process of repair. In fact, at times there will be marked immobility of the thumb. The so called abductor of the thumb will not be injured, and yet the thumb cannot be abducted. You will notice, in the normal condition, that the thumb is abducted by the conjoint action of the extensors, the abductor and the opponens pollicis.

10. And you will find that the hand will fall to the radial side, as the treatment goes on, on account of muscular contraction, and on account of the necrosis and absorption of the ends of the fragments, as the broken surfaces press against each other. Once more, as the crushing force of the falling earth made an impact on the right forearm, and was transmitted obliquely through the osseous system to the left leg, it must have made tense a great many muscles of the body. Some of the muscles and some of the other soft structures may have been lacerated. In a case like this we ought not to forget the bladder and urethra. In fact, there is retention of urine. This may be due to shock, or it may be due to laceration of the bladder or the urethra. At any rate, let us make an examination. I pass a catheter into the urethra. The patient has never had stricture, yet the catheter will not go into the bladder, and it is all the same—the catheter does not go into the bladder—with or without a stylet. It is arrested somewhere. Let us see where. I introduce the catheter gently as far as it will go. I now feel in the perineum, and find a somewhat soft and semi-fluctuating swelling, which appears to be made up of extravasated blood and infiltrating urine. My finger is now inserted into the rectum. The catheter is only covered by the internal sphincter and the coats of the rectum. The instrument goes behind and beneath the prostate, instead of through it, as usual. There is a rupture of the urethra, and it is important for us to find the place of rupture, and put an instrument into the bladder. Over and over again, you see, I have tried to put almost every kind of catheter into the bladder, and have as often failed. The rent must be in the floor of the urethra. Hence, let us again search along the roof of the urethra, and perhaps we shall find the opening in the end of the proximal fragment. Here is a No. 6 flexible catheter, containing a stylet, the end of which I bend into a pretty large semicircle, and then extend about half an inch of the tip slightly backward. First. As the catheter goes in, at about the middle fibres of the accelerator, I feel the point ride over some tissue and go backward into the false opening between the prostate and the rectum. Second. I now withdraw the catheter, and put it into the urethra again, keeping the point, at the place of the rupture, somewhat nearer the roof of the urethra, when the opening in the distal end of the proximal fragment is penetrated by the tip of the catheter, which readily glides into the bladder. And now you will see bloody urine escaping into the urinal. Soon the urine runs quite free from blood. I will now fasten the catheter in the urethra and the bladder, and leave it there for some days, in order to prevent accumulation and infiltration of urine.

Some remarks of practical importance may be made in this connection, namely:—

1. This case, and others which I have seen, appear to show that the urethra may be ruptured by muscular contraction. Our patient has no signs of contusion; yet I do not put the matter strongly; I only say that his urethra appears to have been ruptured by muscular contraction.

2. It would not have been possible to have known that the catheter was outside of the urethra, if the finger had not been inserted into the rectum, for the mobility of the tissues was such as to permit the catheter to take a nearly normal direction. The instrument seemed to be in the right place and the right direction.

3. To have made any forcible effort to push the catheter into the bladder, as it seemed to be so nearly there, would have involved the greatest peril to the patient, for it could only have separated the tissues of the rectum from the bladder to a greater extent, and possibly have penetrated the peritoneum.

4. The putting the catheter into the bladder through a ruptured urethra demonstrates the feasibility of such a procedure. The work required patience, gentleness and perseverance, combined with the application of those rules I have often insisted on during the introduction of a catheter.

The following items in the progress of the case, and which were related to the class from time to time, may be enumerated, namely:—

1. The catheter was left in the bladder one week, when it caused great irritation and much pain. It was then removed, after which the patient passed his urine readily for about twenty-four hours, when retention came on, as at first; then the catheter was again introduced, in the same manner as before, but more easily, giving great relief from pain and irritation. At the end of another week the catheter was again removed, after which the patient readily evacuated his bladder for several days. Then another attack of retention was relieved by the application of warm fomentations over the bladder, and by the patient sitting up in bed to urinate. Subsequent to this date the catheter was not required.

2. The fracture of the leg has done well. A moderate degree of suppuration took place in the wound. The deeper tissues over the bone appeared to unite rapidly, a considerable superficial ulcer being left, which was dressed once or twice a day, with oakum laid under the internal splint. As often as the oakum became somewhat saturated with the waste products it was removed, and fresh oakum put in its place. No wash of any kind was used at any time—a perfectly dry dressing doing admirable work. Such a dressing has been faultless in an exsection of the ankle joint, and in capital amputations, in my practice. I recommend to you the dry dressing, as very desirable treatment in some cases.

3. The fracture of the base of the right radius has done as well as could be expected under the circumstances. The skin over the outer and posterior surface of the carpus and the base of the radius has broken through at some points, and suppurated; this has been dressed with dry cotton. The part has been able to sustain only slight pressure from splints. While the reduction and coaptation of the fragments at the outset were quite perfect, there has been absorption of the broken ends, and shortening of the radius, the hand falling outward. The adductor of the thumb is somewhat active; the flexors of the thumb are in good condition; and the extensors of the thumb are quite useless, being fastened into the new formation of the reparative process. Hence, the thumb cannot be voluntarily abducted and extended. This condition in this case is likely to be permanent, as I have seen in other cases, and as I recently found in a case of fracture of the base of the radius in the practice of other surgeons.

At the end of the third week the patient had a chill, accompanied by considerable swelling over and above the left Poupart's ligament. This swelling gradually subsided, when a considerable swelling appeared in and at the inner side of the left Scarpa's triangle. The patient had another chill about this time. The femoral swelling had been dressed with carbolized oil. The pus gradually approached the surface, and on the 31st of March it found its way out through an opening made by a curved bistoury through the tendons of the adductors of the thigh, just below their origins. After this, for a few days, the patient did not get along very well. But under cinchona and turpentine he greatly improved in appearance and condition, and on the 8th of April there was no reasonable doubt that the patient was on the road to a good recovery.

Communications.

THE ADVANTAGES OF THE COUNTRY PRACTITIONER IN THE STUDY OF CERTAIN DISEASES, AND HIS DUTY IN THIS CONNECTION.

BY GEORGE HAMILTON, M.D.,
Of Philadelphia.

Trousseau, in his chapter on typhoid fever, declares that its origin and development can only be determined by physicians who practice within restricted localities, where it can generally be ascertained who was first attacked by the disease. This remark may, with equal truth, be made in reference to several other maladies, especially scarlatina, dysentery, diphtheria and puerperal

fever. It not unfrequently happens that the village or country physician has under his immediate care every, or nearly every, family within certain limits; or it may be that one or two physicians encroach slightly upon the domain of his practice; so that in any event there can be little difficulty in discovering the place of origin of these diseases. The starting point of the malady being determined, its development and progress can readily be observed. Again, in reference to the contagious or non-contagious character of disease, Trousseau says (for, though dead he yet speaketh) that to the country physician we are chiefly indebted for the solution of this question. The isolation of families, and the rare occasions for personal contact of large numbers of people in the country, present most favorable conditions for solving this question, compared with the casual and uncertain opportunities afforded the practitioner in large cities. Here all is commotion, and hundreds or thousands are daily thrown in contact with each other in the streets, the public squares and cars, or in churches, theatres, hotels, halls, saloons, hospitals and many other places of frequent resort, so that at the end of each day it is almost impossible to know with whom we have been in close proximity or actual contact. It is also to be remembered that persons of the most heterogeneous condition, the refined and cleanly and the improvident and degraded, are often thrown together confusedly, so that the correctness of the view of Trousseau is fully established.

Acute disease, in the country especially, when epidemic, is generally of more active type than in the city, as is exemplified in dysentery, scarlet fever, diphtheria, inflammation, and in idiopathic fevers. The opportunities for the study of these affections, not only in their usual typical form, but when epidemic and of exceptional violence, are far more frequent than in the city, and hence one great advantage of the country over the city practitioner. A case of disease that is fairly typical is, in practice, of paramount value; yet, as an element in the study of abnormal physiology, it must give place to one of excessive force, whether manifested in the highest grade of arterial excitement, eventuating quickly in the destruction of tissue, or in the profound passive congestions of malignant intermittent, cholera asphyxia, or in the destructive epidemics of the fourteenth, fifteenth, and sixteenth centuries. It is in such cases that the antagonism or contrast between perfectly normal and intensely abnormal physiology is presented in its most vivid aspect; and if, as must be admitted, such cases are not of common occurrence, they are the most potent of all others in illustrating the extremes of healthy and morbid action, and the extremes of that morbid action, whether in the violence of arterial movement, or the still more deadly condition of profound passive congestion. A few cases of this character will serve to make a more decided, lasting, and instructive impression upon the mind of the physician than many in which the deviation from the normal condition is less decided.

But it is not alone in the maladies cited, or the points referred to, that the country physician enjoys special advantages in the study of abnormal physiology. Certain hereditary affections are met with more frequently, in proportion to population, than in cities. Of these, the more usual are pulmonary consumption, apoplexy, paralysis and mental disturbance. That this statement may not always find application, must be admitted, yet the observations of so many medical authorities, in this country and in Europe, in support of its general accuracy, cannot be disregarded. There is, in fact, no shadow of the improbable or irrational in the case, if we reflect how large the percentage of consanguineous marriage must, almost of necessity, be in rural districts. In regard to mental disorder, it is alleged that many sufferers will necessarily be found in the numerous institutions established for such patients, who have lived in the country, inasmuch as the population engaged in farming is very large; but, in addition, there are certain contributing causes to be found in the isolation of the people, their more solitary life, and the facility with which they can avoid society, and, retiring away from family or friends, abandon themselves to the gloomy and depressing thoughts that hold possession of the mind. As a school of practice the country presents decided advantages to the recent graduate. If his location be well chosen, he will generally find, in a very short time, something to do, and may, by the end of the second or third year, have a full round of practice, while in the city a period of from five to ten years is generally required before even a moderate patronage can be acquired. But again, the young city practitioner must generally spend many years in practice before he can secure the entire confidence of those who may employ him, and it often happens, upon the first symptom of danger, that a consultation is demanded with some one of the numerous and more experienced physicians; or, it may be the latter is requested to attend exclusively to the case. Occurrences of this kind, so discouraging

to the young practitioner, are, for obvious reasons, comparatively rare in the country, so that, thrown upon his own resources, the young practitioner soon becomes self-reliant, and thus are friends and patient inspired with a confidence that learning, experience and talent alone would fail to establish. In rural practice a rivalry frequently arises between two or more practitioners, and, as the late Professor Wm. Gibson, in his valedictory, once said, is at times characterized by an acrimony that rarely finds its parallel in the city. In this feeling the patrons on either side will participate, and as reports of every kind in rural sections fly with rapid wing, so will the success or the want of success of either party, in any case, be faithfully given to the winds. This state of affairs is, of course, neither pleasant nor commendable, yet finds its compensation in, if possible, closer attention and increased effort in behalf of the patient.

From what has been stated, it is evident that the country practitioner will, as a rule, have had during the first five or ten years a large amount of bedside experience, acquired, too, under favorable circumstances when compared with that of the city practitioner; yet he furnishes but little for publication, although he must be in possession of much more practical matter, acquired in the space of time referred to, than could be expected from one who, during the same years, has practiced in the city. In a large rural practice, where families are remote one from the other, much time is requisite for visits, and it may be admitted that the physical exhaustion resulting from such practice often begets an indisposition for writing. Nevertheless, time may still be found, and opportunity, to briefly, yet clearly, prepare such matter for publication. Certain cases only need be noted, those of exceptional interest, presenting facts of an indisputable character, having close relation to the question of the contagious or spontaneous origin of certain diseases, their development and mode of progression; or those in which abnormal physiology is displayed in extreme degree, whether in excess or defect of arterial excitement. If, as Trousseau,* with many other eminent writers, declares, the solution of some of the most disputed points, including contagion, in reference to certain maladies, is mainly within the power of the country practitioner, his duty in this connection is surely evident enough; let us hope its fulfillment may not be long deferred.

* Il faut demander aux médecins qui exercent dans les petites localites la solution d'un problème aussi complexe. Clinique Medicale. Paris, 1868, tom. prem.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF DR. JOHN H. BRINTON, MARCH 26, 1870.

REPORTED BY DR. H. M. M'LANAHAN.

Urethral Stricture—Lithotomy, Two Cases.

GENTLEMEN:—* * * * The next case I shall bring before you this morning is one of obstinate stricture of the urethra, demanding for its cure something more than the ordinary treatment by dilatation. The patient is a sailor, and has at various times contracted gonorrhœa. The result is a stricture, situated about three-quarters of an inch from the meatus, of a firm and resisting character. It is, in fact, so tight that I can scarcely pass any instrument through it; even the capillary whalebone bougie enters with difficulty. It is impossible for me to pass any of the exploring or acorn instruments, such as are used to detect the site and measure the exact length of the obstruction. Stricture at or near the meatus is by no means uncommon, and when it occurs as the result of a gonorrhœa, is extremely apt to be accompanied by a narrowing at some deeper part of the urethral canal. Such strictures present certain peculiarities. In the first place they are very obstinate, and but slightly amenable to treatment by dilatation. Then, too, the dilatation is painful, and when accomplished apparently to a successful degree, is apt to be followed by recontraction. If left to themselves, these narrowings often, I had almost said invariably, give rise sooner or later to considerable trouble. Irritation of the posterior portions of the canal results, not infrequently followed by vesical disturbances. These strictures must, therefore, be gotten rid of, and there is but one way to effect this, and that is by internal division. The patient before you is of very impressible temperament, and exceedingly intolerant of pain. I have, therefore, caused him to be etherized.

You will please notice what I do. In the first place, I insinuate through the opening of the stricture this small tenotome, and, as you see, I now divide the stricture freely in the direction of the floor of the urethra. I can feel the fibrous structures give way beneath my knife, and I draw the blade, not only once, but two or three times, through them, in order to effect a free division, so that when cicatrization occurs, it shall, as far as possible, take place without narrowing the urethral canal. I will now introduce this stretching instrument. It is the one constructed by my colleague, Dr. S. W. Gross, and has, I think, some advantages over the one devised by Sir Henry Thompson. The separation of the blades begins at the joint, at the very extremity of the instrument, and is effected with great power by the wheel in the handle. The scale on the handle is also well arranged, and can be easily read during the operation. It ranges from number eighteen to forty of the Charriere scale. The Thompson instrument is of smaller size, and applicable to tighter strictures. I have a high opinion of it also. I will now insert the instrument, and as I do so, I detect a stricture deeply

seated in the canal, almost four inches from the meatus. The instrument passes through it readily. By turning the wheel, I separate the blades, and as I withdraw it, I stretch the whole canal, especially that portion near the meatus, which I have already incised. There is some bleeding. The remaining instrumentation is simple, and consists in the introduction of Thompson's sounds, and you see that I can now readily run up the instruments until I have reached number twenty-seven. Here I stop.

I am satisfied with what I have accomplished. The urethral canal is freely open to the bladder, and all that remains to be done is to keep it so. This I shall do by the daily introduction of sounds, commencing in two or three days. I shall not insert any to-morrow, but shall allow the patient to recover from the shock which sometimes, indeed, very frequently, follows a manipulation even of so apparently simple a character as the one you have just witnessed. It is a mistake to attempt too much, or to tease and irritate a patient unnecessarily. I am satisfied that in these cases it is better to make haste slowly, and I am sure there is no part of the human economy which is at times more jealous of interference than the male urethra. In the vast majority of cases such as this you may escape all disastrous consequences; nevertheless, they do sometimes occur, and if you do much urethral surgery, you must sometimes expect to have trouble. The books teem with accounts of surgical calamities, and if you escape them you will owe something to good fortune, as well as to surgical skill. I shall, therefore, take every care of the patient. He will be put to bed, properly wrapped up, and you will observe how carefully I have protected him from cold while on the table. His lower extremities have been separately enveloped in blankets, and his body has been well covered. These may seem to you little matters, but I am satisfied that harm is sometimes caused by neglect of these very particulars. Never allow a patient to become chilled during an operation. Even in the simple introduction of a catheter this should be borne in mind. Sudden or prolonged depression of temperature, especially when a man is in a nervous state of mind, must be injurious. I am sure I have seen carelessness in this respect followed by evil results which might have been prevented.

When this man recovers from his anæsthetic condition I will direct a hypodermic injection of a quarter of a grain of morphia. He has already had ten grains of quinia this morning. His diet during the next day or so will be looked after. My experience has taught me that after urethral operations, especially if there be any shock, the stomach is indisposed to ordinary food. There is a tendency to nausea; even beef tea offends. I employ milk in small quantities, often repeated, so that the patient shall take at least three pints in the twenty-four hours. Generally, too, there is a craving for acid drinks, and lemonade will most often prove acceptable. Milk and lemonade would seem a strange combination, nevertheless, I have found such a diet to answer better than any other. In leaving the subject there is just one caution I would give you, and that is, always examine the urine before operating on the urethra, to see if any organic disease of the kidney be present. Bad consequences may happen even when there is no such complication, but they are much more liable to occur when renal disease exists.

Lateral Lithotomy—Two Cases.

I have now to bring before you two very serious cases, the one a little boy ten years of age, the other a man of fifty. In each of these cases there is a large vesical calculus, and upon each one I propose to perform the lateral operation for lithotomy, and I must say to you, gentlemen of the Jefferson class, that I esteem myself highly fortunate, not that I have these cases to show you, but that one so illustrious as Professor Gross has kindly consented to hold the staff for me. It will, I know, be a memory for me all my life.

This little boy, Willie ——, was born in this city and has lived here all his life. For two years he has suffered from all the symptoms of stone. He has had frequent micturition, which has greatly increased of late. His parents tell me he has not been able to hold his water for a longer period than half an hour, and that he is usually disturbed many times in a night. Then, too, the flow of his urine has often been suddenly arrested. Micturition is painful, and the urine is often tinged with blood. There is constant tenesmus, and the prolapsus of the anus is very marked. These symptoms alone would point to the presence of a calculus, but the absolute certainty of its existence I have already demonstrated to you at my last clinic. I then sounded the boy, using for that purpose a steel sound, and you may remember the distinct click elicited on the contact of the instrument with the stone. This became very much more distinct when I attached to the instrument the sounding board, by the aid of which the sound was so greatly increased as to be audible to every one in this large lecture room. The stone, then, is in the bladder, and must be removed. In a child of this age crushing or lithotrity is out of the question, and cutting for the stone or lithotomy is the proper surgical resort. I propose, therefore, for this case, to perform the single lateral operation, the one you have so often seen practiced in this arena and with which you are familiar. In boys the lateral operation is not very dangerous; indeed, it may be regarded as rather a successful operation than otherwise. Between the age of five and ten years not more than one in twenty-five or thirty dies. On the other hand, between the ages of thirty and forty one out of eight or ten perishes, and between forty and fifty, one out of five.

The danger of lithotomy would seem to increase with the age of the patient; and the immunity in boys probably depends on the sound condition of the kidneys, the bland character of the urine, and the well known high degree of vitality in the young. The anatomical relation of the parts, and the undeveloped state of the prostate gland, which in adult life and old age is so sensitive and so liable to take on inflammation, no doubt has important bearings on the results of lithotomy. Stones sometimes return, or rather fresh ones are developed. Of this I once met a notable example.

In 1874 I operated upon a little boy aged seven years, removing from his bladder a calculus weighing two drachms and thirty-five grains. A stone nearly as large, I had been informed, had been removed from him three years previously. Subsequently, another calculus formed, and in 1876 was removed from the bladder by my friend Dr. Hewson, at the Pennsylvania Hospital. Since then I have learned that the poor child was again troubled with the same symptoms, and that, in all probability, a fourth stone had formed. Such cases are, however, fortunately, rare.

I shall now perform the operation of left lateral lithotomy on the little boy before you. The anatomy of the parts to be divided I have endeavored to demonstrate to you on the blackboard.

[The operation was now performed and a large, rough, spiculated calculus was extracted from the bladder. The boy recovered from the effects of the operation and did well till the fourth day, when diarrhœa set in. This was soon checked by vegetable astringents and opiates. During the second week part of the urine came away through the urethra. Three weeks from the time of the operation the boy was discharged from the hospital, perfectly well. The stone weighed one ounce and fifteen grains, and on examination was found to be a phosphatic calculus, developed around a uric acid nucleus.]

I shall now bring before you another case of stone, and one of the gravest character. The calculus in this instance is of large size, and its removal will, I fear, be attended with great difficulty and with proportionate peril to the patient's life. This is the history of the case:—

James K., aged fifty, born in Ireland, now resides in New Jersey. He has suffered from more or less vesical trouble for nineteen years. In 1861 he was sounded for stone: the symptoms were marked, but at that time no calculus was discovered. The symptoms continued to increase, gradually becoming worse and worse, until 1869, when the bladder was again examined but with negative results. Since that time he has suffered greatly. Micturition has become more and more frequent, there is great straining, the rectum sympathizing to a marked degree, and there is prolapsus of the bowel. He is often obliged to rise from his bed thirty or forty times in a night. He has worked at his trade, which is that of a stone mason, but his health has become greatly impaired. For this trouble he entered the hospital a few days ago, and on examination of his bladder I detected a calculus of large size. On careful measurement with this lithotrite it was found to be three inches in diameter, and very hard. The irritation of bladder, prostate and rectum has been extreme. As instrumental urethral manipulation was badly borne, and as the size and hardness of the stone precluded lithotrity, I have determined to perform the operation of lateral lithotomy.

In all probability, during the operation it may become necessary to extend the incision over upon the right lobe of the prostate, in order to make sufficient room for the withdrawal of the calculus, should my estimate of its size prove correct. It will be better to do this than to use violence in its removal. In the event of the stone being too large to be taken through the perineal opening, I shall crush it in the bladder, with these powerful forceps which I show you, in which the crushing force is exerted by a screw in the handle.

[The single lateral operation was now performed by the lecturer. The bladder having been opened, Dr. Brinton continued]:—

I have now, gentlemen, my forceps on the stone in the bladder, and from the separation of the handles of the instrument you may form some idea of the enormous size of the calculus. It is so large that it is evidently impossible to withdraw it through the incision already made; I shall, therefore, with this probe-pointed bistoury, enlarge the cut, by dividing the right lobe of the prostate to some extent. But I now find that after repeated efforts I am still unable to extract the stone in its entirety; nothing, therefore, remains for me to do but to crush it in the bladder with the forceps I have shown you. This I shall now do (applying the forceps). You notice their action: As I turn the screw, the blades close on the stone and crush off its external layers. I can feel them yielding, and as they break off the forceps slip on the stone. I shall reapply them until the stone be reduced to such a size that its extraction becomes possible. This, after repeated trials, is accomplished, and you see the main portion of this immense calculus is being now withdrawn through the external wound. To do this some force has been necessary, but I have endeavored to guard the soft parts in every way, and to make the traction as gentle as I can. Carrying my finger through the wound into the bladder, I find the track filled with fragments from the cortical portion of the stone, of greater or less size. These I pick out, as far as possible, and then inject the bladder, through the wound, with a strong stream of water. This not only washes out the debris but acts also as a hæmostatic. The hemorrhage, however, has not been great. This operation has been so severe and so long that the patient must undoubtedly suffer considerable shock. The prognosis, therefore, is grave in the extreme. I shall have him freely stimulated, and under a proper opiate influence, and shall report the result to you at my next lecture.

[After being removed from the arena, the patient was freely stimulated, and full doses of opiates were administered. He was given milk and beef tea alternately, every two hours, but he gradually became weaker. On the evening of the 29th he died, apparently from exhaustion, three and one-half days after the operation. The aggregate weight of the stone, a phosphatic one on a uric acid nucleus, was four ounces and five drachms. As many small fragments were, however, entangled in the clots of blood, and lost, during the operation, it is probable that the weight of the stone, could it have been extracted entire, would have reached at least five ounces.

Post-mortem Examination.—Some congestion of the kidneys, but not to any marked degree. The bladder was contracted, and the walls much thickened. The mucous lining was congested and thrown into deep rugæ. This condition had evidently been due to the presence of the stone, which seemed to have lain in a sort

of sac. The incision in the bladder was clean cut, not ragged or torn. In this respect its condition, considering the great size of the stone removed, and the prolonged efforts necessary to do so, was most remarkable. The prostate gland was not torn or lacerated. The other viscera presented nothing abnormal. Death was, without doubt, due to gradual exhaustion.]

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting in March, Dr. Wm. S. Forbes reported a case of

Ununited Fracture of the Tibia, of Twelve Years' Standing,

in which the patient retained a useful limb. He was exhibited, and the case described, as follows:—

He is a seaman, a captain's mate, thirty-six years of age, and in full health. He has an ununited fracture in the middle of the right tibia; there is no bone thrown out from the upper or lower fragment. The line of fracture is quite a transverse one, and there exists a short, dense, fibrous deposit between the two fragments, which holds them closely together, so that while there is an appearance of consolidation, yet there is motion between the fragments, to a limited extent. He can walk about with but a very slight limp, and with entire freedom from pain, having no support from splint or bandage, and rarely using a cane. He says that the only feeling of discomfort he experiences is that, after walking long, there is a feeling of something pulling at the outer side of his knee. On pointing out the locality, I found it to be over the superior articulation of the fibula with the tibia. In connection with this indication, I find that his fibula was not broken at the time of his accident, and that it serves as a splint to his broken and still ununited tibia. Manifestly the fibula assists to support his superincumbent structure, and hence the sensation of pulling at the upper tibio-fibular articulation.

The patient's accident happened twelve years ago. In a gale of wind, off the Delaware Capes, he was struck by the end of a broken rope, in the middle of his leg; the soft parts were cut to the bone, and the extremities protruded. Three days after his accident he entered the Pennsylvania Hospital, and remained there for fourteen months; he then left the hospital for the country, some twenty miles distant. He was wearing at this time tin splints around the leg, and moved about in a rolling chair.

Three years after the accident he laid aside his splints and got out of his chair, and after using a crutch for a short time, abandoned it, for a cane. A little over three years after his accident he went to sea as the mate of a vessel, and has never since been laid up or disabled in any way. The tibia is no larger and no smaller, apparently, than an ordinary healthy tibia. Just at the line of fracture, and a little above and a little below the line, the bone is covered by a dense, fibrous tissue, serving as a stay ligament to hold the fragments in apposition; this ligament is only around the false articulation, and performs the part of a dense capsular ligament to the two fragments of the tibia. It is made very tense when the patient stands on that leg or walks.

The occurrence of ununited fracture in this case cannot be satisfactorily accounted for. The man had no taint or vice of system. He had enjoyed, and has continued to enjoy, apparently, excellent health. His appetite was good, and he appropriated his food; and he received proper treatment at the hands of excellent surgeons. There seems to have existed in this man what Sir James Paget has heretofore observed, "A simple defect of formative power; a defect which cannot be explained, and which seems the more remarkable when we observe the many changes which may at a later time be effected, as if to diminish the evil of the want of union." No other one of his bones has ever been broken.

Dr. Addinell Hewson gave the College illustrations of the

Value of Teale's Method of Forced Dilatation of the Sphincter Vesicæ in Incontinence and Excessive Irritability of the Female Bladder.

He reported in all six cases, in considerable detail, of which the first three were as follows:—

Case 1.—The first was that of a lady, about thirty years of age, residing ten miles from Philadelphia, with whose medical history I had been somewhat familiar from her early childhood. Soon after her marriage she was so shamefully abused by her husband that her father had to take her home, and obtain a divorce for her. I then treated her for a severe vaginitis and endometritis. At the outset of this trouble (gonorrhœa), and before I saw her for it, she had had an attack of great irritability of the bladder, followed, as she described, by a discharge of "black gravel," which gave relief to the bladder symptoms. At my interview with her she also stated that she had always suffered very severely in coitus, and that such acts were constantly followed by bleeding from the vagina, and pain at subsequent micturition. On the occasion of my being called to treat her for the gonorrhœa, I made careful examinations, both digital, and with the speculum, and found both sets of labia much swollen, and the remnants of the hymen excessively tender, so that I had to proceed with great care and gentleness, to make the examinations perfectly. I thus detected prolapsus and retroflexion, as well as all the symptoms of vaginitis and endometritis. For these I used douches, with the douche bottle, and double catheter, and medicated sponge-tents, and had the satisfaction of leaving my patient in a short time, restored, or rather freed from these troubles, and I ceased to attend her regularly.

Several months later (viz., in October, 1875, when I saw her again), she seemed remarkably well, and had grown fleshy. She stated, however, that she had at times some trouble in her menses, and a vaginal examination then revealed slight retroflexion, but no induration or hypertrophy of the uterus. For this condition I introduced a whalebone, intra-uterine, stem pessary, which she wore with satisfaction for three

months, when it was removed. My next summons was in the afternoon of February 21, 1876, to her country home, where I found her suffering intense agony from inclination and inability to urinate. She then told me that she had been very well since I had last seen her, up to the last flux of her menses, which had come on while she was away from home, traveling for amusement; that the flow was then arrested on its second day by her being exposed to severe cold, and that since she had suffered much with lumbar pains, headache, constipation, and tenesmus; the last symptom always when at stool. She had also had a great deal of erethism, with itching and burning at the entrance of the vagina, for the relief of which she had felt compelled to scratch the parts very severely. At this time I found much tympany, with tenderness of the abdominal walls, and inability to move without her sufferings being greatly increased. Her bladder was evidently not much distended, and the introduction of the catheter removed not over half an ounce of high-colored urine—which I found free from blood or pus. The use of the catheter was effected without difficulty or delay, but caused the patient to scream with agony. The instrument was held tightly by the contractions of the sphincter, and after its withdrawal the old symptoms were as severe as ever.

An inspection then showed the usual button form of projection of the mucous membrane of the orifice of the urethra to be found in most cases of acute sphincterismus, with inflammation of the parts, and I considered the case a very fair one for Teale's treatment. I therefore proposed to the patient, as I had both Atlee's and Ellinger's uterine dilators, as well as a special dilator for the female urethra, in my satchel, to resort to Teale's treatment, after I should get her insensible to pain by the rapid breathing. To this she readily consented, as she was still suffering as much as before the catheter had been used, and as she was satisfied that no relief was to be expected from the catheterism alone. Her distress was, indeed, so great that I directed her to try the rapid breathing before she should attempt moving on the bed. This she did, and at the end of three minutes, by the watch, she was so relieved of her hyperæsthesia as to allow her to fix herself as I wished, viz., on her left side, close to the edge of the bed, that is, in the ordinary obstetrical position. When this breathing had produced so much *insensibility to pain* that she could only recognize the contact of my fingers while I was pinching her with my nails as hard as I could, I proceeded to make a thorough examination, and then attempted to introduce Weisse's urethral dilator; but owing to the fleshy state of the nates, I found it difficult to manipulate with so short an instrument. I therefore substituted for it Ellinger's uterine dilator. This I passed through the whole length of its blades into the bladder, without any difficulty or annoyance, the rapid breathing being steadily kept up all the time. I then slowly effected such dilatation as would allow me to pass my index finger between the blades, into the bladder, without causing any pain or bleeding.

This operation occupied about fifteen minutes, and during all this time she was free from pain, although, as she said, she knew I was constantly touching her. The dilatation so effected was followed by most complete relief, and she had no desire to micturate during the following half hour, while I was at the house.

No applications or dressings to the parts were ordered, and I left directions simply for care about her diet and her remaining in bed. The next day I received a letter from her father (who was a physician), saying, "My daughter was restless, and occasionally complained of pain, throughout last night, but appears to be considerably better to day." Since then she has never had any return of her bladder troubles, and her cure was undoubtedly the result of the forced dilatation.

Case 2.—The next case I shall report was that of a widow lady, to whom I was summoned, in the city, on the morning of February 22d, 1876. She had been under my care frequently before, for various troubles, essentially due to prolapsus. This, the prolapsus, was frequently attended by great irritability, and even by catarrh, of the bladder; it had never existed before, however, to any great extent. This time her sufferings with her bladder were such as to make her act and look like a maniac, and nothing could induce her to try the rapid breathing to lull them. I therefore proceeded to make a digital examination; this showed the uterus healthy and in its natural position, but the bladder, and especially its sphincter, excessively sensitive to the touch. I was now told for the first time, and that by the aid of the memory of her mother, that she had had more or less constantly this irritation—a fact which she had denied to me before—ever since the birth of the first of her six children, in a tedious labor, sixteen years before. She further stated that her urine had always, since then, been loaded with what proved to be phosphates.

These conditions having been determined to exist, I proceeded at once to employ Teale's method of dilatation, unaided by any means of producing insensibility. This required much more time than the other case, and occasioned, without doubt, most intense suffering to the patient, she making constant efforts to draw herself away from the instrument. These efforts were nugatory, however, for, anticipating them, I had passed the instrument (Ellinger's), without any warning, quickly into the bladder, and had secured it there by means of its catch, well slid down, so that every time an extra effort was made by her I had but to let go the instrument, and it was not disturbed. In this way I took over twenty minutes by the watch to make a dilatation such as would allow of my passing my index finger into the bladder while the dilator was there. I then desisted. There was no bleeding, and the patient expressed herself as entirely relieved of all inclination to be constantly passing her urine; but there was great tenderness along the line of the operation. To remove this, I applied some wet clay to the parts there, and directed its renewal after each attempt at micturition. These attempts were now not at all frequent, and were always attended with a free flow of urine. At the end of three days of this mode of treatment she was not disturbed at all

at night, and had not more than three or four calls to urinate during the day.

A vaginal examination made at the end of the tenth day, during all of which time the earth dressing had been applied, showed that there was no tenderness or thickening along the urethra, or at its orifice. Since then this patient has never had any signs of sphincterismus.

CASE 3.—My third case of sphincterismus, that is, of those which occurred in the aforesaid period of twenty-four hours (viz., February 21-22, 1876), was that of a robust, healthy-looking lady, thirty-eight years of age, who had been married sixteen years without ever having conceived. She had consulted a prominent gynæcologist, six years after her marriage, as to the cause of her sterility. He pronounced it due to prolapsus and retroflexion, and to remedy these difficulties introduced a Meigs ring pessary. He allowed her to wear this for three years, without any vaginal examination. Then, when she complained of her bladder symptoms, and desired the removal of the pessary, he, having been all that time in attendance on her, told her for the first time that the instrument ought to have been removed within six months after its insertion. It was then removed, and shortly afterward she ceased to be his patient. Two years later she placed herself under my care, for vaginitis and irritability of the bladder, which she said had been disturbing her ever since the ring was introduced, or had been worn but a short time, at least. She said that she had ever since then been compelled to pass her urine two or three times during the night, and was always annoyed with the inclination when walking in the street.

The vaginitis then existing (that is, at the time of my first visiting her) was removed by injections and applications per speculum, which instrument revealed indurations and thickenings all around where the ring had been two years before. This was assigned, in my mind, as the cause of the irritability of the bladder, and topical applications were continued until this culminated, on the 22d, in an intense attack of irritability and of incontinence, which had originated three days before, in a tedious shopping expedition. When I saw her this time she was exhausted with her sufferings of the night before, and was willing to submit to any operation which could give her relief, but was positive against the induction of any form of insensibility, having been assured by many that she had a fatty heart, which would kill her under such circumstances. I used the Ellinger dilator at once, with the patient reclining on her left side, as one in labor. This I did very cautiously, first getting the blades of the instrument into the urethra, then waiting some minutes, on account of the violence of the spasm of the sphincter, I slowly approximated the handles, with the same precautions as in the other case, and thus made my dilatation a steady and forced, rather than a rapid one. It occupied me over half an hour. And when I got the dilatation complete, I left the instrument in its dilated state in the bladder until all resistance to it had ceased. I then withdrew it, after closing its blades, and my patient expressed herself as entirely relieved.

The reason of my caution was to avoid laceration, and in this I was successful. Before leaving the patient I directed the constant application of clay to the parts, but on my visit the next day I found that it had not been used, and that the patient had had some attacks of sphincterismus; these were, however, at more prolonged intervals of time than those immediately preceding the operation. I therefore determined to leave the case without any topical applications, and watch what progress it could so make. This progress was slow, but satisfactory; there were frequent intimations of recurrence of the irritability, but no positive paroxysm, and the single dilatation eventually wrought a dissipation of all the thickening of the tissues there. Frequent vaginal examinations made this very apparent, and proved the dissipation complete in a year's time. This was an exceedingly trying case for Teale's method. The patient had been brought up from childhood amid all sorts of quackery, and was ready to imagine herself the victim of any malady which the last comer might suggest as explanatory of her sufferings. If, therefore, the operation could not be a rapid one, and performed without suffering, it may be deservedly considered a perfect success. She has now had none of her old trouble for three years.

Of the procedure, he stated—

I have operated on all of my cases, save one, with the patient reclining on the left side, a position which I was long ago taught, in Dublin, to prefer to all others for such operations, even for the purpose of using the female catheter. Its advantages are, not only that the patient is freed from the annoyance of having to face her surgeon, but is prevented from seeing what is going on, and from having her person exposed in the least; and, as can be seen from any accurate anatomical drawing [Velpeau's plate of a vertical section of the female pelvic organs exhibited], the orifice of the urethra is much more accessible in that position than in any other. It looks back, and enters the tract of the canal at almost a right angle from behind forward; hence, when there has been much retraction provoked by changes of tissue, like those resulting from the frequent use of nitrate of silver, the orifice is most readily entered from behind. The entrance once effected in this manner, by an instrument, the latter can be readily and quickly glided along the passage by simply moving its handle or near extremity forward in the segment of a circle, provided that the curve of the instrument is looking backward.

This done, with Atlee's dilator, the slightest approximation of its handles secures it in the bladder, as a consequence of the inverted form of a cone which its blades make; whereas, with Ellinger's instrument the parallel relations of its blades make it always necessary to have some retaining power, like that of a sliding catch, to guard against its being displaced. With Weisse's instrument, when it can be readily used, as on a thin patient, the third blade presents a serious objection by pressing forward on the tissues in front of the urethra, if it has been inserted with that blade looking forward, as is necessary in the lateral decubitus, or backward, in the dorsal position, when it compels the lateral blades to press on those parts. These faults of Weisse's

instrument show the advantages to be gained by using the other dilators when inserted from behind, with the curves of their blades looking toward the sacrum; they, on being opened, move under or behind the arch of the pubis, and not only can do no harm by their pressure, but exert pressure at the points and in the directions needed.

After the reading of the preceding paper, Dr. William Goodell said—

I have performed the operation of forcible and rapid dilatation of the urethra some fifty times at least, and have so often by it cured bladder troubles of long standing, that I wish to add my testimony to that of Dr. Hewson as to its efficiency. The female urethra does not possess a true sphincter but, from the meatus urinarius exclusive to the neck of the bladder inclusive it is surrounded by a network of muscular fibres which firmly constringe it, and act the part of a powerful sphincter. It is the spasmodic or the organic contraction of this broad belt of fibres, that makes woman more liable than man to urinary disturbances.

While warmly advocating the operation of rapid dilatation of the urethra, I wish to point out certain risks attending it to which Dr. Hewson has not adverted. One is incontinence of urine. This result I have not thus far seen in any of my own cases, because I dilate simply to the extent of the girth of my index finger, which is of medium size, and no further. But I have twice met with it in cases operated upon by other physicians, and in each the thumb had been forced in. This experience has led me to think that there is danger in making the dilatation too great. The other risk is that of hemorrhage, either external, from the rent often made in the upper margin of the meatus, or internal—into the bladder—from the rupture of the tense and thin fold of mucous membrane often found at the neck of the bladder. I have several times met with the former, and have been obliged to use styptics. On one occasion I was compelled, in a pregnant woman, to close the rent by a metallic suture, passed deeply in, before I could check the bleeding. I have occasionally met with cases of internal bleeding, but although one of them lasted for three days, I have not found it needful to interfere by styptic injections.

I would further remark that in the selection of cases for dilatation it is important to distinguish between purely hysterical cases and cases in which there exists a real tonic contraction of the urethral muscular fibres. For while the operation almost always benefits the latter, it will sometimes increase the urinary troubles in the former.

Editorial Department.

Periscope.

The Mechanical Treatment of Spasmodic Dysmenorrhœa.

On this subject Dr. J. Matthews Duncan says, in a lecture published in the London *Medical Times and Gazette*—

Finally comes the mechanical treatment, and this treatment is very successful. I know no drug that can compare with this in its direct utility. I know very few treatments that are more decidedly useful than the treatment of dysmenorrhœa by mechanical means, and yet I recommend you, in the great majority of cases of dysmenorrhœa, not to resort to it. Dysmenorrhœa is a disease which occurs in virgins, and in them you will be most reluctant to use it. In married women who are sterile, you will be, on the other hand, easily induced to try the treatment, in the hope that you will not only cure the dysmenorrhœa, but also at the same time remove the sterility. In regard to the use of this treatment in virgins, I must say a few words in order to guide you as to when you are to resort to it. No rules that I can give you will make up for want of good sense and good feeling on your own part, but I shall give you some hints. The first is that you should, as a rule, not resort to this treatment in an unmarried young woman without the concurrence of three parties—firstly, your own approval; secondly, that of the mother or guardian of the patient; and thirdly, that of the patient herself. All of these should be quite aware of the circumstances, and of what it is proposed to do. Then I believe you are justified in recommending it in cases—and they are not rare—where the woman's whole mode of subsistence is ruined. In one of the cases we had in "Martha," the patient insisted upon our doing anything whatever that was at all likely to relieve her, because she could not keep her situation as lady's maid, for she was confined to bed for three days every month by the disease. That was a sufficient reason in that case; and I can tell you that that girl was cured after a few days' treatment in "Martha," and came back to us to testify her gratitude for being able to keep her place, going about during her monthly period without letting her mistress know she was ill at all. Then, in other cases, the general health is ruined; and this is not very uncommon. When a woman is laid up and prostrated by a severe attack of dysmenorrhœa every four weeks, her health may gradually give way, and under such circumstances there can be no hesitation in resorting to the treatment. There is another set of cases where the severity of the pain is so excessive as to leave no doubt as to the propriety of resorting to any means that offer a hope of cure; and cases of this kind, although rare, are still such as you will all meet with in the course of your practice. In some cases the severity is not so much in the pain as in accompanying phenomena. Lately, for instance, I had no hesitation in recommending mechanical treatment in a young

unmarried female, not because the pain was extreme, but because when the pain came she had attacks of suicidal mania; and these attacks of suicidal mania were severe when the dysmenorrhœa was severe, and if the dysmenorrhœa was slight they did not come at all. Under such circumstances no one would hesitate to recommend the mechanical treatment.

Now, the mechanical treatment is very simple, if carried on by the oldest of all mechanical plans recommended for the treatment of this disease—that by bougies, such as I show you here. The treatment by bougies I recommend to you because it is unaccompanied by danger. The only evil result I have ever seen from it is a temporary perimetritis. It is a treatment the innocence of which arises from the fact that there is no cutting, and that the instrument is not left in the womb above a few minutes at a time. It is allowed to remain till the pangs of pain which it brings on have passed. In order to effect a cure you must go up considerably above a No. 9. You must go up so as to stretch and distend the internal os uteri; and this stretching or distention of the internal os may require you, in different cases, to reach different sizes. A No. 11 is quite sufficient in many cases; in others you will go up to a 12 or 13, rarely above that. These various numbers are not all used in one day, but in successive days, or every second or third day, and generally the whole is effected in a few sittings—say from four to eight. You are not to expect that this treatment will cure every case. I can only tell you that most of the characteristic cases are, if not cured, at least greatly ameliorated. In several cases which have passed through "Martha" we have had failures, and we have had an ordinary amount of success. In one of them the success was remarkable; a single passage of the bougie through the internal os uteri seemed to be enough to dispel the woman's disease.

Atropia in Whooping Cough.

Dr. Arthur Wiglesworth writes to the *Lancet*—

Without at the present time claiming for atropia the name "specific" for whooping cough, I am nevertheless constrained to say that in my hands it has advanced nearer to that position than any other remedy that I have either used or seen administered by others; and that so far it has been an unexpected and unequivocal success. I was led to try atropia by reading Trousseau's remarks concerning the ofttimes beneficial results obtained from belladonna; for it appeared to me that if the experimental treatment was to be carefully pursued, more reliable preparations than the extract or the powder of belladonna ought to be used. And the alkaloid seemed to be more likely to prove useful, first, because of its unvarying strength; secondly, because the dose could be more easily regulated in consequence; thirdly, because it is nearly tasteless. I therefore chose the solution of the sulphate of atropia (B.P.), which contains $\frac{1}{120}$ of a grain in each minim—a most convenient strength; and in every case directed that it should be administered in the morning, fasting. Also, whenever it could possibly be accomplished, I directed that the number of paroxysms should be carefully noted from 8 A.M. to 8 P.M. In this I departed from Trousseau's recommendation that the number of paroxysms should be noted for twenty-four hours; because it is practically useless to attempt to get trustworthy statistics during the night, except in those very severe cases where the attendance of a night nurse is imperative; and, further, if we find that there is either an increase or a diminution during the day, we may feel quite sure that the same ratio will exist during the night.

I commenced, then, over four years ago, to treat all cases of whooping cough solely with the solution of sulphate of atropia, from infants two months old to the adult. It required some little time to find out the average dose to begin with; but I now begin with $\frac{1}{120}$ of a grain (or one minim in a drachm of water), in children from one to four years of age, either diminishing or increasing the dose as occasion dictates; and, except in very severe cases, only order it to be given once a day; but when the nightly paroxysms are very severe, I order half the dose to be repeated about an hour before bedtime.

The results that follow its administration may be summed up thus:—1st. There is a steady diminution in the *number* of paroxysms. 2d. There is a diminution in the *duration* of the paroxysms. 3d. There is a change in the character of the "whoop," as if the vocal cords were not so closely approximated. Further, if the atropine is withheld, the beneficial effects derived from it subside.

Salicin and its Derivatives.

In the last (eighth) volume of the St. Thomas' *Hospital Report* there are three papers on the use of salicin, salicylic acid and salicylate of soda. Dr. Sharkey believes the last to be much more effectual than the other two. The dose given was 20 grains every two or three hours. Out of 150 cases of acute rheumatism treated by Dr. Jacob by salicylate of soda, a markedly good effect was noticed in 108 cases, 42 could hardly be said to be benefited or the reverse, and in 6 cases the effect was unfavorable. In no instance was delirium caused by the drug, although a sort of nervous irritability, restlessness, and rapid breathing appeared occasionally to be due to it. Dr. Theodore Acland, in an excellent communication on the same subject, states that the quantity of urine is diminished directly or indirectly by the drug, that the percentage amount of urea excreted remains unaffected, but that, of course, the total quantity of urea excreted is considerably lessened. This fact, in his opinion, explains the failure of the salicylic treatment in enteric fever.

To the *Transactions* of the Bristol (England) Medico-chirurgical Society, Dr. Spencer has contributed an exhaustive memoir on the chemical and therapeutical differences between salicin and salicylic acid. He combats the theory of Senator, of Berlin, who tried to show that salicin, as soon as it enters the stomach, breaks up and yields glucose and saligenin, and that the latter is oxidized into salicylic acid. He adduces several cases as clinical evidence justifying his skepticism of Senator's oxidation process.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A lecture on the Hygiene of Suburban Life, delivered by Dr. Roberts Bartholow in Cincinnati, has been published in pamphlet form in this city. It is instructive and pleasant reading.

——Dr. Max Landesberg, of this city, has published a paper on jaborandi and pilocarpine in eye diseases. He says: In regard to the myotic qualities, I must claim the great superiority of eserine to pilocarpine. The former has proved in my experiments to be a more powerful and more efficacious remedy than pilocarpine, and its use is attended either by very slight or no inconvenience to the patient, whereas pilocarpine possesses the very disagreeable properties of increasing the action of the lachrymal gland and producing ptyalism, if absorbed by the blood.

——Dr. Israel Michel Babbinowicz, of Paris, who some time ago prepared an excellent translation of the tractatus *Baba Kama* of the Babylonian Talmud, is preparing a work on the medicine of the Talmud. We possess already a similar work, by Herr Wunderbar, published in 1842, which, however, cannot be considered as complete, since the author is not a medical student. Dr. Rabbinowicz is both an excellent Talmudical scholar and a Doctor of Medicine of the Faculty of Paris.

——In a paper read before the Kentucky State Medical Society, and printed in pamphlet form, Dr. John A. Larrabee, of Louisville, gives a very instructive discussion of acute rheumatism in childhood. What he says about serious cardiac mischief following quite light attacks is of great importance. He strongly and justly urges that the arthritis present bears no relation to the possible extent of cardiac mischief. Of treatment, he observes: "Should pericardial, myocardial or endocardial inflammation occur, or as has been seen, should any one of these conditions usher in the disease, much good may be accomplished by prompt and energetic treatment. Blisters, or in the very young, rubefacients, are to be applied over the cardia or precordia. I have found great good from a linseed meal poultice, sprinkled with a little mustard flour, in such case, pain being relieved at the heart."

BOOK NOTICES.

A Guide to Therapeutics and Materia Medica. By Robert Farquharson, M.D., Edin., etc. Second American edition, revised by the author. Enlarged and adapted to the U. S. Pharmacopeia, by Frank Woodbury, M.D., Phila. H. C. Lea, 1879. 8vo, cloth, pp. 498.

The early appearance of a second edition of Dr. Farquharson's work bears sufficient testimony to the appreciation of it by American readers. The plan is such as to bring the characters and actions of drugs to the eye and the mind with much clearness. The physiological and therapeutical actions are arranged in parallel columns, brief notices of a chemical and pharmaceutical character are inserted, various prescriptions given to illustrate combinations, and paragraphs on modes of administration, poisoning, tests, antidotes, officinal preparations, elimination, properties, etc., are appended.

The care with which both author and editor have done their work is conspicuous on every page.

The Laws of Therapeutics; or, the Science and Art of Medicine. By Joseph Kidd, M.D. Phila., Lindsay & Blakiston. 8vo., pp. 197. Cloth. Price $1.00.

The author of this work is a fashionable London physician of extensive practice, but hitherto not known as an author, nor as a contributor to medical science in any of its branches. Indeed, though not quite irregular, he is eyed with suspicion by the London profession, on account of a supposed leaning toward the exclusion of Hahnemannism. In this book he disavows any such exclusion; he speaks with contempt of potencies and dynamization; and he looks upon the later doctrines of the founder of the exclusive school of homœopathy as senile vagaries. But he believes in the "law of the similars" as one of the most potent laws of therapeutics; he defends the value of "provings" on the healthy subject; and he claims that therapeutics has this and other definite laws (not this one exclusively), which are rational guides for the physician, and are bound to become more and more distinctly and universally recognized as such as the study of medicine advances.

Such are the general scope and aim of the book; it is one highly suggestive and well worth thoughtful perusal. It is, on the other hand, open to much criticism for carelessness of statement and language. The style is unpolished and bald; the reports of cases are vaguely written and incomplete, and there are signs, either of haste, negligence or ignorance, we can hardly tell which, in many paragraphs.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE THIRTIETH MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The reader will have observed with satisfaction that the meeting of the American Medical Association, in Atlanta, was one which was every way creditable to those who participated in it. The Association has become a centre of medical activity, and around its meetings are grouped those of a number of other associations, all connected with the advance of science, the improvement of the physical condition of this country, the elevation of professional and general hygienic education, the enactment of enlightened sanitary laws, and similar aims. This is as it should be, and the results thus attained are inferior to none which could be attained. We regard this concentration of medical interests as the very highest purpose of the American Medical Association, and certainly never before was it so fully carried out as in this last meeting.

Thus we see at Atlanta the Convention of American Medical Colleges, the Association of American Medical Colleges, the Sanitary Association of the Mississippi Valley, the National Board of Health, the Association of American Medical Editors, all assembling for their deliberations at the same time and place as the national body and its numerous sections. The opportunity is given for all these more or less nearly allied bodies to consult and unite in carrying out their plans, to secure the coöperation which is necessary to bring about the best results, and to become acquainted with others who, though not associated with them, can and will aid in their pursuits.

The discussions of the Association were also more satisfactory than they have sometimes been. Although not entirely free from the acrimony which springs from jealousy, it is gratifying to note that the barren quarrels over personal and ethical subjects gave way before an expressed willingness on the one side to observe the rules of the Association and a greater liberality on the other side in the interpretation of such rules.

Perhaps the actual amount of original contributions to science was less than it should have been; it is probable that it was, and it is regretted that the sections were not better represented by their most energetic members. But after all, we attribute little weight to this criticism. There are so many and, let it be said, so much better avenues to the public ear than the annual and long delayed volume of *Transactions*, that we are annually surprised that this medium obtains so many good articles as it does.

The strictly scientific purposes of the Association are subordinate to the general ones, those connected with centralizing the force of the profession to act upon medical men as a mass, and upon the public as a whole, and in its separate commonwealths.

The beneficent influence which medical men can exert on their fellow beings can only be secured in its highest degree by combination and coöperation; and to obtain these in their most efficient form, such unions as we have just witnessed at Atlanta are the most certain means. Let us have more such; we cannot have too many.

Notes and Comments.

Is Much Bathing Healthful?

In these days, when there are so many hygienists advocating the daily bath, the colder the better, it is well to hear the other side, particularly when it is represented by no less a name than Professor Hebra. This eminent dermatologist maintains, in a recent article, that washes, baths, frictions, etc., are more injurious than useful to health, and that they afford no protection against any illness arising from chill. In the country, where people seldom bathe, sickness and death are less frequent than in towns; people who never take a bath in all their lives, and wash themselves only superficially, often reach a very old age.

The different applications of water produce inflammatory redness, nettle-rash, eczema, itching, furunculosis and other affections of the skin, which cause much pain, and whose cure requires months, and even years. These are now considered to be the injurious effects of water. Pimples and that disagreeable eczema marginatum, caused through the application of wet compresses, belong to the same class. Water irritates sickly more than healthy skin, and most affects those parts which are continually exposed to its action. Baths render the skin less able to resist the influences of cold and warmth.

Let us Have Truth.

A leading English paper says—

"Until Russian officialism learns to approach the regions of truth, neither St. Petersburg nor London will ever know the actual existing state of things respecting the plague, or any other epidemic, on the banks of the Volga or elsewhere in Russia. As to the Melikoff reports, they represent things as the St. Petersburg Government desires the world to see them, and not as they are. Perhaps a little light may be thrown on the murky 'official' statistics on Russian health when the English Medical Commissioners return and present the public with their report as to how they found matters in Wetlyanka, on the Volga, and in Southern Russia generally. Until then we must remain dependent on intelligence which is not to be trusted, for the sole reason that it emanates from official sources."

The appreciation of the benefits of truth telling about epidemics is hardly greater in this country than in Russia. The health boards of cities constantly suppress facts, for fear they will "hurt business," and we are ashamed to say many members of the profession support them in this mendacity.

The Size of the Brain.

M. Broca has been investigating the size of the brain in the two sexes. According to him, the brain of women, and consequently their intellectual faculties, are not only inferior to those of men, but the difference tends to increase with the progress of civilization. M. Gustave Lebon, writing on the same subject, remarks that if the relative inferiority of the brain of women of the present day is more marked than it was in the prehistoric period, the brain of men has also become inferior to that of their prehistoric ancestors. He states that the skulls found in the "Caverne de l'Homme Mort" (Lozère) measured, according to M. Broca himself, 1606 cubic centimeters in men, and 1507 in women, the difference being 100. In contemporary Parisians the male skull measures, on average, 1558 cubic centimeters, and the female skull 1337, the difference being 221. This difference of the human brain is not only confined to the sexes, but it increases between the inferior and superior races. In men and women of the same height M. Lebon says that the difference is 172 in favor of the male brain.

Chromic Acid in Affections of the Mouth.

Chemically pure chromic acid, according to Dr. Rousseau (*Le Progrès Medical*, March), is entirely harmless. He lauds its internal use, administered in periodic doses, in various forms of chronic fungus and ulcerated inflammations of the gums, in which it appears to act most beneficially. Dr. Magitot also considers that it is valuable in cases of dentary alveolar osteo-periostitis; he has failed, however, to record any cases of its failure, though he has published his successful results. Several other practitioners, however, who have made use of this remedy, have failed to obtain any results, nor is this surprising when it is considered how various are the causes which may give rise to this disease, and under what different aspects it makes its appearance.

Oleate of Zinc in Eczema.

Several English writers have lately advocated an ointment of oleate of zinc in eczema. It may advantageously be made into an ointment with *unguentum* petrolei, and by the addition of a drop of otto of roses to the ounce. It is soothing and healing in a marked degree.

CORRESPONDENCE.

Case of Hydrophobia.

ED. MED. AND SURG. REPORTER:—

April 29th, 1879, at midnight, I was called to see William Hammond, aged 16 years, occupation farmer. I found him sitting upon the side of the lounge, dressed. The patient said he had been ploughing the day before, but on getting up this morning complained of chilly sensation, with pains in his arm, extending to the shoulder and neck. He said when he attempted to swallow anything, whether fluid or solid, but more particularly fluid, he felt a choking sensation. He had been unable to eat anything since morning. He felt hungry, but could not make the effort to swallow. His pulse was 90, full and strong; temperature 100°; tongue slightly furred; breath offensive; mucous membrane of the fauces highly congested; saliva viscid. I had been informed by the messenger that came for me that the boy had been bitten on the back of the hand by a dog, about twenty-three weeks prior to my visit. No one supposed at the time that the dog was mad. The dog was killed within a day or two of the time the boy was bitten, without any perceptible symptoms of hydrophobia. On examination of the cicatrix, there was no swelling or redness during the course of the disease. The only pain complained of throughout the disease was along the course of the nerve from the cicatrix to the shoulder. One peculiarity in the case was the marked rapidity of the disease passing from one stage to another. The patient was laboring under the second or hydrophobic stage when I first saw him—great difficulty, I might say an utter impossibility, of swallowing any liquid. Those horrible sensations which accompany the effort of swallowing, or anything that recalls the idea of a fluid, seemed in his case to excite violent agitation and aversion. There was a marked feeling of suffocation or a sense of choking, which rendered every attempt to pass liquids over the root of the tongue not only impossible, but excited convulsive action in the muscles of the larynx, pharnyx and abdomen. The patient found some relief in walking rapidly through the room, which led me to believe that the lungs were not the seat of any great oppression (according to Dr. John Hunter). As regards treatment, I had no chance of bringing any medication to bear upon the case. After making known to the parents that it was a case of hydrophobia, progressing rapidly to the third and fatal stage, and that all we could hope from remedial agents would be but to palliate, or to make his pathway down to death more comfortable to him and less distressing to those around him, and even this course must be accomplished by inhalations of chloroform, or by hypodermic medication, they concluded to try the Stoy Remedy, procured it, and made an effort to give one dose; being a fluid preparation, he failed in the effort to swallow; it excited violent spasmodic action, which continued four hours, terminating in death from nervous exhaustion. Being engaged with a case of labor, I was prevented from being present in the last few hours of his existence, but it would have only been to witness one of the most terrible forms of disease the human system is heir to. From observation of this case I feel confident that in hydrophobia we have a specific blood poison which expends its force upon the nervous system, producing rapid exhaustion and fatal results. Our limited knowledge of the disease points us to excision and caustics, with a view of destroying the poison, as the only curative means in hydrophobia.

One word in regard to the Stoy Remedy, which is creating so much excitement in our locality at this time. Might not the credit attached to its curative effect be owing to a failure of introduction of virus in the system, in a majority of cases, by the clothing wiping the poison from the tooth of the animal at the time the wound was inflicted.

N. G. THOMPSON, M.D.
Brandywine Manor, Chester Co., Pa.

On Reporting Clinical Lectures.

ED. MED. AND SURG. REPORTER:—

An article appeared in the *Hospital Gazette* (a medical journal published in New York city), of March 29th, 1879, which claimed to be a report of a lecture delivered by me before the class of Jefferson Medical College, on "Placenta Prævia, etc." I saw the article on April 12th, and immediately addressed a note to the editor, expressing my "surprise and disgust" at the publication, and "utterly disclaiming the authorship of such a lecture," and declaring that "some of the statements in this so called report were as absurd as they were false;" and I requested him to "do me the justice of publishing my disclaimer at once." I received a note from him, bearing date of April 23d, and offering "to correct any mistakes or inaccuracies that may have appeared in my lecture." I waited for more than a fortnight for some published statement, such as I had requested. As none appeared in the *Gazette*, I again wrote to the editor on May 12th, saying that "having disclaimed the authorship, I cannot assume the censorship" of said lecture, and I desired him to write to me whether he would publish my disclaimer as I requested, and asking him to "favor me with a prompt answer." Having now waited for nearly a fortnight for an answer from him, and having received none (though I sent postage stamp for his reply), I respectfully ask you to publish this letter, that I may not remain under the imputation of having uttered such doctrine as that with which I have been falsely credited by the *Hospital Gazette*.

Respectfully yours,
ELLERSLIE WALLACE, M.D.,
Professor of Obstetrics and Diseases of Women and Children, in Jefferson Medical College.
Philadelphia, May 26th, 1879.

A Large Prize.

The Royal Belgian Academy of Medicine offers a prize of 5000 francs for the best essay on "The Elucidation of the History of the Diseases of the Nervous System, and principally of Epilepsy." The essay is to be written in French or Latin, and forwarded to the Secretary of the Academy, Brussels.

News and Miscellany.

Medical Society of Pennsylvania.

This body held its thirtieth annual session in the city of Chester, commencing Wednesday, May 21st, at 3 P.M.

The President, Dr. J. L. Stewart, of Erie, called the Society to order, and prayer was offered by Rev. Henry Brown.

Dr. Wm. B. Ulrich, on behalf of the Committee of Arrangements, presented the register, which was read by the Permanent Secretary.

Dr. Ulrich then delivered the address of welcome to the Society, and presented the programme as arranged for the sessions.

A number of invitations to visit places of interest were offered and accepted, with the thanks of the Society.

Dr. Allis, the Corresponding Secretary, read his report for the year, which included the report of the Censors for the fourth district, relative to the case of Dr. J. P. Seiler, of Dauphin Co. The Censors dismissed the appeal of Dr. Seiler, and confirmed the action of the Dauphin County Medical Society in his case.

In the report was a communication relative to the officers of the Columbia County Medical Society, in not taking action on a flagrant case of breach of the code of ethics, on the part of two members of that Society.

On motion, the case of Columbia County was referred to a special committee, to be appointed by the chair, who were to report at this session.

Dr. Charles T. Hunter, of Philadelphia, then read the Address in Surgery, on treatment of wounds by the various methods now in use by different surgeons; on the value of the carbolized animal ligatures and sutures, and the efficacy of soft gum drainage tubes, etc.

Some points in the address were commended by Dr. C. B. Nancrede, of Philadelphia.

On motion of Dr. Lee, the address was referred to the Committee on Publication, and the thanks of the Society were returned to Dr. Hunter.

The President announced as the Committee on Unfinished Business, Drs. A. Fricke, of Philadelphia, D. A. Hengst, of Pittsburg, and H. L. Orth, of Harrisburg.

As the Special Committee on Columbia County Medical Society, Drs. Andrew Nebinger, of Philadelphia; Traill Green, of Easton; A. Thayer, of Erie; A. H. Halberstadt, of Pottsville, and J. A. Murphy, of Wilkesbarre.

Dr. Wm. Goodell next read his paper, entitled "Spaying for some Diseases of the Menstrual Function."

He took the ground that in cases of abnormalities in menstruation, such as intractable dysmenorrhœa, or cases where this function was accompanied by mania, etc., the most appropriate treatment was the removal of the ovaries, or the production of a premature menopause. He quoted a number of cases with very satisfactory results, and compared statistics of operations, etc.

The paper was discussed by Drs. Albert H. Smith, of Philadelphia, T. J. Gallaher, of Pittsburg, and Ellwood Harvey, of Chester.

Dr. Goodell replied to these remarks, and accepted the suggestion of a change of the title to Removal of the Ovaries, etc.

The paper was referred to the Committee on Publication.

Dr. Isaac N. Kerlin, of Media, read a paper, entitled "Juvenile Insanity," in which he took the ground that in many instances children are the subjects of insanity, and require the appropriate treatment, rather than whippings and other punishment. He gave the details of many interesting cases which had come under his care in the Institution for Feeble-minded Children, of which he has the charge.

The paper was referred to the Committee on Publication.

The Society then adjourned to meet at 8 P.M.

At 8 P.M. the Society was called to order by the Vice President, Dr. J. T. Carpenter, of Pottsville. The President, Dr. J. L. Stewart, delivered the annual address.

On motion of Dr. Green, the thanks of the Society were returned to the President for his address, and a copy was requested for publication.

On motion of Dr. Ulrich, Dr. Cardeza, of Delaware, and the Rev. Dr. Robinson, of Chester, were invited to seats with the Society.

On motion of Dr. Dale, all the members of the Delaware County Medical Society not already delegates or permanent members were invited to seats.

The Society then adjourned until Thursday at 9 A.M.

THURSDAY, MAY 22D.

The President called the Society to order at 9 A.M. After prayer by the Rev. A. T. Dobson, a telegram from Drs. Rowan Clark, F. Ridgely Graham, and R. B. Mowry, delegates to the Presbyterian General Assembly, in session at Saratoga, was read, hoping that the Medical Society would have a pleasant and profitable meeting.

The telegram was ordered to be entered on the minutes.

The reports of the various county societies were called for, and several were presented and referred to the Committee on Publication.

On motion, those societies which did not report were allowed two weeks to present their reports to the Committee on Publication.

The Permanent Secretary then announced the following as constituting the Committee on Nominations:—

Adams Co., E. Melhorn; Allegheny, J. W. Neely; Beaver, S. A. Craig; Berks, L. DeB. Kuhn; Blair, C. H. Closson; Bradford, Lyman; Bucks, H. Kratz; Chester, Jacob Price; Cumberland, W. W. Dale; Dauphin, H. McGowan; Delaware, R. H. Milner; Erie, A. H. Thayer; Franklin, H. S. Wishart; Indiana, J. W. Hughes; Lancaster, T. M. Livingston; Luzerne, J. E. Bulkeley; Lycoming, Thos. Lyon; Mifflin, M. F. Hudson; Montgomery, Samuel Wolf; Montour, J. D. Mausteller; Northampton, Jos. Engleman; Northumberland, J. S. Fullmer; Perry, Jos. Swartz; Philadelphia, Albert H. Smith; Schuylkill, T. J. Birch; Tioga, R. B. Smith; Washington, J. G. Sloan; York, W. S. Rowland.

Dr. R. L. Sibbet, of Carlisle, Chairman of the Committee on Medical Legislation, reported as follows:—

The Committee on Medical Legislation respectfully report, that a memorial, not unlike that printed in the *Transactions* of last year, was prepared and laid before the Legislature of our State, now in session, with the names of all the officers, permanent members and delegates at our last meeting attached to it as memorialists; and further, that a bill, as indicated in the report of last year, requiring the registration of all practitioners of medicine and surgery by the prothonotaries of the several counties of the State, has passed the Senate and is now waiting a third reading in the House of Representatives.

Should this bill become a law on our statute books, a new era of improvement will be opened before the profession. We will have access to valuable information, which cannot be otherwise obtained. We will become more fully identified with our profession, with the history of our State and of our several counties. Future generations will know who and how many are practicing medicine now, and we will know.

Should this bill, however, fail in the House of Representatives, or not receive the approval of the Governor, your committee would renew their request that the members of this Society, and of the several county societies here represented, commence registration immediately, under the present law, imperfect as it is. The act requires the prothonotary of each county to purchase a record book, which may be called the *Medical Register* of the county. He will not be unwilling to engage in this work, or to take care of the Register, as experience has shown in at least two counties of the State; for he is compensated for his labor. He will be supported by the court, and by the members of the bar, who understand the importance of registration in the selection of medical experts and witnesses, when grave offences have been committed. The Forms of Registration are not given in the law, and it is not likely they will be given in any future enactment, but your committee have supplied these in the report of 1877. They may be printed or written on the first page of the Register; and after the index one page may be given to each affiant, as has been done in the Medical Register of Cumberland County. This will give room for a notice of the removal of the practitioner from the county, or of his death, when that shall occur.

Your committee would further suggest and urge upon the leading members of the profession in each county the importance of making a beginning; and we submit the following, which may be signed and presented to the Prothonotary, to encourage him to purchase the Register.

To the Prothonotary of —— County, Pa.:—

We, the undersigned practitioners of medicine and surgery, in —— County, agree to commence registration under the act of 1877, in accordance with the suggestions of the Medical Society of the State of Pa., and respectfully request that you procure a book of suitable size, at your earliest convenience, to be called the Medical Register of —— County.

Signed, etc.

With regard to the resolution concerning compensation for medical experts in criminal courts, and the right of the witness to give or withhold an opinion in such courts, presented by the Lycoming County Medical Society, and referred to this Committee, we beg leave to state that it has not seemed proper to connect this subject with the simple question of registration. And the Chairman has hesitated, not only to prepare a separate bill, but to express an opinion on the subject, about which there is so great a diversity of sentiment in legal circles. It is to be hoped that some one conversant with the decisions of the courts in our own and other States will favor this Society with a paper covering the points presented in the resolution, that we may know how to proceed. All of which is respectfully submitted. R. L. SIBBET, *Chairman.*

On motion the report was accepted, referred to the Committee on Publication, and the Committee continued.

Drs. Green and Stewart spoke favorably of the action of the law in their counties.

Dr. Traill Green, of Easton, on behalf of Dr. Hiram Corson, read the report on female superintendents for female insane asylums, as follows:—

Report of the Committee appointed by this Society at its last meeting, held at Pittsburg last year, to memorialize the Legislature to enact laws, if any be needed, to authorize the employment by the trustees or managers of Hospitals under the control of the State to employ women medical superintendents for the female departments of said hospitals, and for hospitals to be erected for the accommodation of insane females.

The undersigned, members of the Committee, in pursuance of the duty assigned to them, caused a copy of "The report on the propriety of having an assistant female superintendent for the female department of every State hospital for the insane," which was presented to this Society at its last meeting, to be sent to every member of our Senate and House of Representatives, and to many other persons of influence throughout the State, just prior to the meeting of our Legislature last winter, in order that they might carefully examine the subject before they should become heavily pressed with other duties. We also prepared and placed in the hands of Hon. Wm. B. Roberts, Representative from Montgomery county, an able and conscientious man, and an earnest advocate for the legislation desired by us, the following memorial:—

To the Honorable, the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met:—

At the meeting of the Medical Society of the State of Pennsylvania, held in the city of Harrisburg, in May, 1877, "a Committee was appointed to report on the propriety of having a Female Medical Superintendent for the female department of every Hospital for the Insane under the control of the State." That Committee made report to the Society at its meeting, in the city of Pittsburg, in May last, and the Society, in view of the important truths and facts contained in

said report, appointed the undersigned a Committee to memorialize your honorable bodies to enact such laws as may be needed to carry into effect the reforms or changes in the management of the female insane which are suggested in that report and desired by your memorialists. Allow us, therefore, to call your attention to a few facts bearing on this subject.

1st. In all the Hospitals for the Insane in this State the two sexes are nearly equal in numbers, and are managed on one common plan, viz.: There is a Superintendent, who is also the physician of the Institution, to whom is confided the entire management of the large farm connected with the Hospital, as well as the medical treatment of the hundreds of insane patients entrusted to his keeping. To aid him, he appoints two male medical assistants, one of whom has charge of the males, the other of the females.

2d. Until within a very recent period there seemed to be no way to avoid thus placing under the care of male practitioners the hundreds of unfortunate females found in our hospitals; but fortunately the time has at last arrived when we have many female physicians, graduates of regularly established medical colleges, and of much experience in treating the diseases peculiar to the sex, who are eminently qualified to have the entire medical and moral care of our female insane.

3d. Even at the present time, the *management* of the female department (save the medical) is entirely in the care of women, and they have proved themselves as well fitted for these duties as are the males in the male wards. Why, then, should not the medical superintendency be confided to a female physician?

4th. There are many grave reasons, well known to physicians, and fully realized by women, why it is more proper to have female than male physicians in charge of the female insane; and these reasons had great influence in causing the Medical Society of the State to bring the subject before your honorable bodies.

5th. The ability of women to manage large numbers of insane or vicious and criminal females is conspicuous in the history of the "Indiana Prison and Reformatory for Women and Girls"—the only prison in the world in which the managers, superintendent and assistants are all women; and in "the history of the Reformatory Prison for Women," at Sherborn, Massachusetts, where more than four hundred and fifty females are under the care and management of a female superintendent, physician and attendants.

6th. Accompanying this memorial are copies of the report made to the State Medical Society by its Committee, which justifies us, as we believe, in asking from your honorable bodies such legislation as will make it obligatory on the Trustees of all Hospitals and Asylums for the treatment of female insane under control of the State to appoint a Female Physician, to be the Medical Superintendent of the Female Department of the Institution.

Hiram Corson, M.D., Montgomery county; E. A. Wood, M.D., Allegheny county; R. L. Sibbett, M.D., Cumberland county; A. Nebinger, M.D., Philadelphia; Traill Green, M.D., Northampton county; Benjamin Lee, M.D., Philadelphia.

We also prepared and gave to our representative the following "Bill," entitled

AN ACT *for the better regulation and treatment of the female insane in the Asylums and Hospitals of the Commonwealth of Pennsylvania.*

SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same:* That in all hospitals or asylums now built (or hereafter to be built), and under control of the State, and in which male and female insane patients are received for treatment, it shall be the duty of the trustees of said asylums or hospitals to appoint a female superintendent, who shall be a skillful physician and who shall reside in said asylum or hospital, and who shall have the entire medical control of said female inmates.

SEC. 2. That said female superintendent shall be appointed by said trustees for a term of not less than five years, and shall not be subject to removal within that term, except for infidelity to the trust reposed, or for incompetency.

SEC. 3. This Act shall take effect, as to asylums and hospitals already built, in one year from the date of its passage.

SEC. 4. That all acts and parts of acts inconsistent with the provisions of this Act, be and they are hereby repealed.

The legislative committee to which these documents were referred returned the bill to the House with "an affirmative recommendation," not one member dissenting. It was in due time passed finally by the Lower House, and sent to the Senate. Until that time it had met no opposition from without, but as soon as it was referred to the Judiciary Committee there was placed in the hands of the Senate Committee the following memorial—

"*To the Honorable Senate and House of Representatives of the Commonwealth of Pennsylvania.*

"The memorial of the undersigned members of the medical profession respectfully represents

"That they have learned, with surprise, of the introduction of a bill into the House of Representatives compelling the boards of trustees of the different State hospitals and asylums for the insane to appoint "female medical superintendents, who are to have entire control of the female patients," and thus be independent of the chief medical officers of those institutions. Believing, as they do, that having two superintendents, acting independently of each other, in these institutions, cannot but prove detrimental to their best interests and to the welfare of their patients, tending, as such arrangement must, to destroy harmonious action, proper discipline and good order, your memorialists trust that the bill referred to will not receive your favorable consideration. The views of your memorialists are fully confirmed by all practical experience in the management of these institutions during the last forty years, and much of the success which has attended them has resulted from a system directly in opposition to the principles of the bill under consideration.

"It is to be observed that the proposed law has no connection with the question of employing

assistant female physicians. No additional legislation is necessary to do this whenever and wherever it may be deemed desirable, that being simply a question of expediency, and fully under the control of the Board of Managers of these institutions."

The above memorial was signed first by the Author of Jurisprudence of Insanity, and then by surgeons and assistant surgeons, physicians and assistant physicians, consulting surgeons and consulting physicians, in-door physicians and out-door physicians from institutions in this city as follows: Blockley Hospital for the Insane, the superintendent and six assistants; Jefferson College, 6; Pennsylvania Hospital, 12; University of Pennsylvania, 3; German Hospital, 1; Orthopædic Hospital, 4; Jewish Foster Home, 1; Episcopal and Womans' Hospital, 3; Blockley Almshouse, 2; Children's Hospital, 2; Wills Hospital, 3; St. Mary's Hospital, 1; Presbyterian Hospital, 1. Many of these had so many titles that there was some difficulty in assigning them the proper place in this summary, but we have done our best, in order to show the influence which so many titled persons would be likely to have on the Senate Committee. But we must not neglect to say that, in addition to the above, there were the names of 19 untitled physicians, plain M.D.'s, several of whom we recognized as justly occupying a high place in the profession. Nor were these all. The name of the Philadelphia editor of the Boston *Medical and Surgical Journal* was found among the rest. We are thus particular to show the strong influence which was arrayed against our modest little bill, lest if we should fail of success this Society might believe that we had failed also in faithful performance of duty.

This memorial, brilliant with titles, united to personal representations by those who presented it, led the Committee, who had not yet received from the members who had our bill in charge any representation of our case, to report the bill to the Senate with a "negative recommendation."

Representative Roberts, who had so successfully carried the bill through the House, and those who in the Senate favored our memorial, but were ignorant of what had been so secretly laid before the Senate Committee which had the bill in charge, were greatly surprised at the result. They at once took measures to have the bill recommitted, in order that its friends should be heard. It was returned, and Robert Lamberton, Esq., Attorney at Law, a resident of Harrisburg, for many years a member of the Board of Trustees of the State Lunatic Hospital at Harrisburg, and still one of its most valuable members, and intimately conversant with all its workings and results, and, we may say, its needs, appeared before the Committee and made, as we are informed, a most exhaustive argument in favor of the bill. He also laid before the Committee the following preamble and resolution, passed by the Board of Trustees of the State Hospital for the Insane, at Harrisburg, at their meeting in January of the present year, when all the members were present, by a vote of eight yeas to one nay.

"WHEREAS, The State Medical Society, at its last meeting, held in Pittsburg in May last, appointed a committee to memorialize the Legislature to pass laws, if any be needed, to have a female medical superintendent, to have entire medical control and management of every female asylum or female department of every hospital for the insane under control of the State; therefore,

"*Resolved*, That we, the Trustees of the State Lunatic Hospital at Harrisburg, being deeply impressed with the propriety of the measure, and believing that many advantages would result to the female patients from the proposed change, do earnestly desire that the honorable Senators and Representatives will in their wisdom enact such laws as will enable the proposed measure to be carried into effect as soon as it can conveniently be done."

This appeal from eight out of nine of the Trustrees of the oldest hospital for the insane in the State, and located within view of the Capitol, in accord as it was, too, with the memorial of this Society, joined to the personal representations of one of the most efficient members of the Board of Trustees, could not be disregarded, and the Committee, when last heard from by us, had concluded to suspend judgment in the matter until another opportunity could be had by the opposition to offer their remonstrances. This was the point at which they had arrived last Saturday. We have not heard from them since.

It is well here to notice, that not a single word of remonstrance against the measures of reform sought for by this Society came from the people of this great Commonwealth, save only from Philadelphia; nor even from any of the managers of her great charities; nor from her thousands and hundreds of thousands of benevolent private citizens; but alone from a few surgeons and physicians, some of them members of this society.

HIRAM CORSON, *Chairman.*
ANDREW NEBINGER,
TRAILL GREEN,
R. L. SIBBETT,
E. A. WOOD,
BENJ. LEE.

(To be Continued.)

Cheap Doctors.

Doctors must be cheap in Austria. One of the Vienna medical papers says that a parish doctor was advertised for by one town, and in consideration of his services he was to receive the sum of 300 guldens, and his travelling expenses, etc., were to be provided for by an extra 150 guldens. The work was such as would require all his time, and yet this honorarium was enough to cause keen competition between two candidates. The value in our money of this magnificent revenue is about $200.00!

Statistics of Burial Alive.

One hundred and sixty-two authentic cases of living burial are put on record by the eminent French physician, Dr. Josat. The period of unconsciousness before burial, in these cases, lasted from two hours to forty-two. The causes of apparent death were these: syncope, hysteria, apoplexy, narcotism, concussion of brain, anæsthesia, lightning and drunkenness.

Personal.

—The Mutter lectures on surgical pathology, at the College of Physicians, this city, will be delivered May 27th and 30th, June 3d and 6th, by Dr. S. W. Gross, on Tumors of the Breast.

—The following have been elected officers of the County Medical Society, Trenton, N. J.:—President, Dr. William Green; Vice President, Dr. Charles Dunham; Secretary, Dr. William A. Clark; Treasurer, Charles P. Britton.

—Dr. L. P. Yandell, of Louisville, sailed for England on the "Bothnia," May 21st, to be gone during the summer months. Dr. Yandell goes in search of health, but will look after matters medical also.

—Mrs. Dr. Sawtelle, of San Francisco, was refused membership in the California State Medical Society, and in the last number of her "Medico-literary Journal" goes for Dr. H. Gibbons, Sr., to whom she attributes her rejection, in a way that vividly illustrates the vigor of a woman's tongue—and pen.

—A doctor is already Governor of Maine. Another, Dr. L. P. Blackburn, has been nominated for the Governor of Kentucky, and his election is assured. What is more gratifying, is that the position was tendered him not as a politician but as a physician, in recognition of his philanthropical labors among the yellow fever sufferers last summer.

Items.

—The mortality in London, last year, was at the rate of 22.8 per 1000. In the nineteen next largest cities of England it was 24.4 per 1000.

—The total number of medical men registered in Great Britain this year is 22,600. Just about 1000 a year are added to the list.

—The programme of the third International Congress on Hygiene, which is appointed to be held in Turin next year (1880), under the presidency of Professor Pacchiotti Giacinto, has just been issued.

—In Prussia there result from 100 marriages 460 children, while in France there are about 300. The number of births per 100 individuals of the total population is in Prussia 3.98, and only 2.55 in France. The annual excess of births over deaths per million inhabitants is 13,000 in Prussia, and 2400 in France. It results from the above figures that doubling the population requires in France nearly 170 years, while this is effected in Prussia in 42 years.

—Pigs infected with trichinæ have been found in Spain, and at one dinner where trichinous pork was consumed six out of twenty-eight guests died of trichinosis. The infected pigs were the product of the north of Spain. In Barcelona, such a panic has arisen that the consumption of pork has been almost entirely suspended. It is said that in Italy and Portugal the importation of bacon and pigs from the United States has been interdicted, in consequence of its having been discovered that they contain trichinæ.

—Statistics of suicide, in Europe, show that the Danes, through a series of years, have exhibited the largest average of self slaughter; while their neighbors of Norway, breathing a kindred climate, are only seventh on the list. The second place is held by France, in which the totals of such deaths fall short of 5000 annually—one-half due to hanging, one-fourth to drowning; but among women, in a majority of instances, through inhaling the fumes of charcoal. The Swiss rank next to the French, and after them the people of Baden, the Prussians, and the Austrians in succession. These last are followed by the Belgians, after whom come the English. The crime is a rare one in Spain, and not common in Italy; but the country in which it is most rare is Ireland.

OBITUARY NOTICES.

—Dr. Isaac Thomas, of West Chester, Pa., died May 18th, aged 83 years. He was the oldest practitioner in Chester Co., and for many years enjoyed an extensive practice and the respect and esteem of his fellow citizens. He had retired from active practice for a number of years.

—The death of the eminent Dr. Charles Murchison, L.L.D., F.R.S., of London, took place on the 24th of last month, suddenly, from heart disease. He is best known in this country from his work on "Diseases of the Liver." He was a most able clinical observer, and enjoyed an extensive practice.

—The widely known meteorologist, Dr. H. W. Dove, died in April, in Berlin, in his seventy-sixth year. He was the founder of the Meteorological Institute, of Berlin, and was also distinguished for his researches in optics and physics.

—Dr. Gubler, the distinguished Parisian Professor of Therapeutics, died, of cancer of the stomach and hæmatemesis, April 23d, in the fifty-eighth year of his age.

MARRIAGES.

AYCRIGG—CARRYL.—In Franklin, N. J., Tuesday, May 13, by the Rev. Marshall B. Smith, at the residence of her stepfather, Mr. J. W. Stitt, Lottie Buchanan, daughter of the late Nathan T. Carryl, of Franklin, to Dr. John B. Aycrigg, of Passaic.

DAVIS—RICHARDSON.—In Barre, Vt., May 1st, by Rev. J. F. Stone, assisted by Rev. L. Tenney, Eugene W. Davis, M.D., of Springfield, and Anna M. Richardson, of Leavenworth, Kansas.

PARK—HAVERSTICK.—On Wednesday, May 14, at the residence of the bride's parents, Millersburg, Pa., by the Rev. W. H. H. Snyder, of Harrisburg, Pa., John W. Park, M.D., and Miss Ida L. Haverstick.

WITMER—SUTTON.—On Thursday, April 10, at the residence of the bride's parents, by the Rev. J. O. Critchlow, Pastor of the First Baptist Church, Germantown, E. H. Witmer, M.D., of Neffsville, Lancaster Co., Pa., and Miss Ella L., daughter of Franklin Sutton, Esq., of Lancaster, Pa. No cards.

DEATHS.

THOMAS.—In West Chester, Pa., on the evening of the 16th inst., Isaac Thomas, M.D., in the 83d year of his age.

CORSON.—In Trenton, N. J., on the 10th inst., Thomas J. Corson, M.D., aged 61 years.